

Public Health Service Act (42 U.S.C. 300gg-41 et seq.) is amended by inserting after section 2752 the following new section:

**“SEC. 2753. PARITY IN THE APPLICATION OF TREATMENT LIMITATIONS AND FINANCIAL REQUIREMENTS TO SUBSTANCE ABUSE BENEFITS.**

“(a) IN GENERAL.—The provisions of section 2707 (other than subsection (e)) shall apply to health insurance coverage offered by a health insurance issuer in the individual market in the same manner as it applies to health insurance coverage offered by a health insurance issuer in connection with a group health plan in the small or large group market.

“(b) NOTICE.—A health insurance issuer under this part shall comply with the notice requirement under section 714(f) of the Employee Retirement Income Security Act of 1974 with respect to the requirements referred to in subsection (a) as if such section applied to such issuer and such issuer were a group health plan.”.

(2) CONFORMING AMENDMENT.—Section 2762(b)(2) of such Act (42 U.S.C. 300gg-62(b)(2)) is amended by striking “section 2751” and inserting “sections 2751 and 2753”.

(c) EFFECTIVE DATES.—

(1) GROUP HEALTH PLANS.—Subject to paragraph (3), the amendments made by subsection (a) apply with respect to group health plans for plan years beginning on or after January 1, 2006.

(2) INDIVIDUAL HEALTH INSURANCE.—The amendments made by subsection (b) apply with respect to health insurance coverage offered, sold, issued, renewed, in effect, or operated in the individual market on or after January 1, 2006.

(3) SPECIAL RULE.—In the case of a group health plan maintained pursuant to 1 or more collective bargaining agreements between employee representatives and 1 or more employers ratified before the date of enactment of this Act, the amendments made by subsection (a) shall not apply to plan years beginning before the later of—

(A) the date on which the last collective bargaining agreements relating to the plan terminates (determined without regard to any extension thereof agreed to after the date of enactment of this Act), or

(B) January 1, 2006.

For purposes of subparagraph (A), any plan amendment made pursuant to a collective bargaining agreement relating to the plan which amends the plan solely to conform to any requirement added by subsection (a) shall not be treated as a termination of such collective bargaining agreement.

(d) COORDINATED REGULATIONS.—Section 104(1) of the Health Insurance Portability and Accountability Act of 1996 is amended by striking “this subtitle (and the amendments made by this subtitle and section 401)” and inserting “the provisions of part 7 of subtitle B of title I of the Employee Retirement Income Security Act of 1974, and the provisions of parts A and C of title XXVII of the Public Health Service Act, and chapter 100 of the Internal Revenue Code of 1986”.

(e) PREEMPTION.—Nothing in the amendments made by this section shall be construed to preempt any provision of State law that provides protections to individuals that are greater than the protections provided under such amendments.

By Mr. CRAIG (for himself and Mr. AKAKA):

S. 806. A bill to amend title 38, United States Code, to provide a traumatic injury protection rider to servicemembers insured under section 1967(a)(1) of such title; to the Committee on Veterans' Affairs.

Mr. CRAIG. Mr. President, I rise on behalf of myself and the distinguished ranking member of the Veterans Committee, Senator AKAKA, to introduce legislation providing a traumatic injury protection rider for servicemembers. I urge all my colleagues to review this important legislation and support its enactment, and I ask unanimous consent that the text of the bill be printed in the RECORD.

There being no objection, the bill was ordered to be printed in the RECORD, as follows:

S. 806

*Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,*

**SECTION 1. TRAUMATIC INJURY PROTECTION.**

(a) IN GENERAL.—Subchapter III of chapter 19 of title 38, United States Code, is amended—

(1) in section 1965, by adding at the end the following:

“(11) The term ‘activities of daily living’ means the inability to independently perform 2 of the 6 following functions:

- “(A) Bathing.
- “(B) Continence.
- “(C) Dressing.
- “(D) Eating.
- “(E) Toileting.
- “(F) Transferring.”; and

(2) by adding at the end the following:

**“§ 1980A. Traumatic injury protection**

“(a) A member who is insured under subparagraph (A)(i), (B), or (C)(i) of section 1967(a)(1) shall automatically be issued a traumatic injury protection rider that will provide for a payment not to exceed \$100,000 if the member, while so insured, sustains a traumatic injury that results in a loss described in subsection (b)(1). The maximum amount payable for all injuries resulting from the same traumatic event shall be limited to \$100,000. If a member suffers more than 1 such loss as a result of traumatic injury, payment will be made in accordance with the schedule in subsection (d) for the single loss providing the highest payment.

“(b)(1) A member who is issued a traumatic injury protection rider under subsection (a) is insured against—

- “(A) total and permanent loss of sight;
- “(B) loss of a hand or foot by severance at or above the wrist or ankle;
- “(C) total and permanent loss of speech;
- “(D) total and permanent loss of hearing in both ears;
- “(E) loss of thumb and index finger of the same hand by severance at or above the metacarpophalangeal joints;
- “(F) quadriplegia, paraplegia, or hemiplegia;

“(G) burns greater than second degree, covering 30 percent of the body or 30 percent of the face; and

“(H) coma or the inability to carry out the activities of daily living resulting from traumatic injury to the brain.

“(2) For purposes of this subsection—

“(A) the term ‘quadriplegia’ means the complete and irreversible paralysis of all 4 limbs;

“(B) the term ‘paraplegia’ means the complete and irreversible paralysis of both lower limbs; and

“(C) the term ‘hemiplegia’ means the complete and irreversible paralysis of the upper and lower limbs on 1 side of the body.

“(3) In no case will a member be covered against loss resulting from—

“(A) attempted suicide, while sane or insane;

“(B) an intentionally self-inflicted injury or any attempt to inflict such an injury;

“(C) illness, whether the loss results directly or indirectly;

“(D) medical or surgical treatment of illness, whether the loss results directly or indirectly;

“(E) any infection other than—

“(i) a pyogenic infection resulting from a cut or wound; or

“(ii) a bacterial infection resulting from ingestion of a contaminated substance;

“(F) the commission of or attempt to commit a felony;

“(G) being legally intoxicated or under the influence of any narcotic unless administered or consumed on the advice of a physician; or

“(H) willful misconduct as determined by a military court, civilian court, or administrative body.

“(c) A payment under this section may be made only if—

“(1) the member is insured under Servicemembers' Group Life Insurance when the traumatic injury is sustained;

“(2) the loss results directly from that traumatic injury and from no other cause; and

“(3) the member suffers the loss not later than 90 days after sustaining the traumatic injury, except, if the loss is quadriplegia, paraplegia, or hemiplegia, the member suffers the loss not later than 365 days after sustaining the traumatic injury.

“(d) Payments under this section for losses described in subsection (b)(1) will be made in accordance with the following schedule:

“(1) Loss of both hands, \$100,000.

“(2) Loss of both feet, \$100,000.

“(3) Inability to carry out activities of daily living resulting from traumatic brain injury, \$100,000.

“(4) Burns greater than second degree, covering 30 percent of the body or 30 percent of the face, \$100,000.

“(5) Loss of sight in both eyes, \$100,000.

“(6) Loss of 1 hand and 1 foot, \$100,000.

“(7) Loss of 1 hand and sight of 1 eye, \$100,000.

“(8) Loss of 1 foot and sight of 1 eye, \$100,000.

“(9) Loss of speech and hearing in 1 ear, \$100,000.

“(10) Total and permanent loss of hearing in both ears, \$100,000.

“(11) Quadriplegia, \$100,000.

“(12) Paraplegia, \$75,000.

“(13) Loss of 1 hand, \$50,000.

“(14) Loss of 1 foot, \$50,000.

“(15) Loss of sight one eye, \$50,000.

“(16) Total and permanent loss of speech, \$50,000.

“(17) Loss of hearing in 1 ear, \$50,000.

“(18) Hemiplegia, \$50,000.

“(19) Loss of thumb and index finger of the same hand, \$25,000.

“(20) Coma resulting from traumatic brain injury, \$50,000 at time of claim and \$50,000 at end of 6-month period.

“(e)(1) During any period in which a member is insured under this section and the member is on active duty, there shall be deducted each month from the member's basic or other pay until separation or release from active duty an amount determined by the Secretary of Veterans Affairs as the premium allocable to the pay period for providing traumatic injury protection under this section (which shall be the same for all such members) as the share of the cost attributable to provided coverage under this section, less any costs traceable to the extra hazards of such duty in the uniformed services.

“(2) During any month in which a member is assigned to the Ready Reserve of a uniformed service under conditions which meet the qualifications set forth in section 1965(5)(B) of this title and is insured under a